

ISSUE SLIP STAFF AREA (For additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	M DN	8	09-07-01
FORMALITY REVIEW	16	1024	10/3/01
RESPONSE FORMALITY REVIEW	ET	3088	11/30/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 - Restricted O Objected

Claim	Date
Final	
Original	2/18/04
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

1024

90-859
 10/4
 2001
 1-30-1
 5-25-1
 10-10-1